



Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	Professional Resource Family Care <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Mental Health
Setting	Youth/family home or other in-home living environment at the convenience of the family.
Facility License	Family home consistent with foster care licensing standards of the Nebraska Department of Health and Human Services (NDHHS), Division of Public Health.
Service Description	<p>Professional Resource Family Care (PRFC) provides short-term and intensive in-home supportive resources for the youth and his/her family. This service is intended to serve as an urgent stabilization option for the family in order to avoid acute psychiatric inpatient hospitalization and/or institutional treatment of the youth by utilizing a co-parenting approach (PRFC staff and parents/caregiver of youth) in a family setting. PRFC is not foster care.</p> <p>PRFC is utilized when a youth is demonstrating symptoms, behaviors and/or functional impairments that are consistent with a diagnosis reported by the clinician in the evaluation. The evaluations will also include specific treatment goals, which can reasonably be expected to benefit from this family based approach.</p> <p>Parents are supported and guided by a PRFC team and agency under the direction of a PRFC supervisor. The PRFC team is responsible for supporting and supervising the work of the surrogate parents, and ensuring coordination and collaboration between the member family and the surrogate parents. This family collaboration is a necessary and essential function of this family rehabilitation model.</p>
Service Expectations	<ul style="list-style-type: none">• The youth's symptoms and behaviors are difficult to manage in the home such as property destruction, making threats or resulting in non-injury physical aggression and one of the following:<ul style="list-style-type: none">▪ Multiple crisis evaluation and/or admissions to acute inpatient hospitalization services for these behaviors, but the behaviors typically have ended before the intake assessment has been completed, OR▪ Behaviors that might otherwise require therapeutic group home (TGH) level of care, except that the behaviors occur primarily at home, not across all settings [school behaviors may be problematic but are manageable with an appropriate Individualized Education Plan (IEP)], OR▪ Does not require acute Inpatient psychiatric treatment, but requires a period of crisis stabilization because problem behaviors continue to re-occur in the home setting.

	<ul style="list-style-type: none"> • PRFC services perform the following functions: <ul style="list-style-type: none"> ▪ Promotes improvement in the client’s social skills and family/peer relationships skills through training and education of the client and the usual caregiver. ▪ Teaches the caregivers or parents crisis and de-escalation techniques; models appropriate behavioral treatment interventions and techniques; models appropriate coping skills to manage dysfunctional behavior; and models proper and effective parenting practice to biological parents or the youth’s primary caregiver. ▪ Provides information about medication compliance and relapse prevention to the prescribing provider and clinician. ▪ Provides training and rehabilitation of basic personal care and activities of daily living by training the youth and the usual caregiver or parent. ▪ Helps the youth develop positive peer relationships. ▪ Works with the family to explore community resources in the youth and families’ natural setting. ▪ Youth’s biological parents, kinship care providers, foster parents, or other custodial legal guardian (“participating parents”) agree to the requirement for their ongoing, active participation in family care; they are able to meet the practical requirements (for example, they have, or can make, transportation arrangements and time available to work with the PRFC team; and they are willing to participate fully in the treatment and implement the recommendations of the PRFC team. ▪ All referral information is shared with the prospective PRFC family prior to placement. • Licensed mental health professional for the services must complete a face-to-face, evaluation at initiation of service or within 24 hours; if the supervisor of the PRFC services had completed an evaluation with the youth prior to admission to the PRFC services and the evaluation is still clinically relevant to the youth’s condition, no additional evaluation is needed. • Licensed mental health professional provides a face-to-face treatment intervention with the client at least every 14-calendar days after admission; treatment plan will be updated each 14 days or more often as medically necessary. • Initial treatment plan will include effective approaches for all staff to manage aggressive and self-injurious behaviors if they have been noted in the evaluation. • Comprehensive treatment plan will be developed by the interdisciplinary team providing services for each youth within 7 days of admission.
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	<ul style="list-style-type: none"> • Treatment interventions will include behaviorally based observable-measurable treatment and discharge goals; be outcome focused; and are based on the comprehensive assessment, treatment goals, culture, expectations, and needs as identified by the youth and their family. • The PRFC surrogate parents, youth and youth's biological family\caregiver\legal guardian will all be included as members of the team in developing the initial plan and in all updates to treatment goals. • The PRFC service facilitates the creation of support networks for treatment families; these may include formal groups, informal meetings and the development of "buddy" systems. • Services provided to youth include communication and coordination with the family and/or legal guardian and coordination with other services. • Treatment is provided in the PRFC home. • Respite care is available at both planned and crisis times; respite care provider is trained according to the standards set by the PRFC services; and is supervised in implementation of specific in-home strategies for the youth/family treatment plan. • Adjunctive therapies such as life skills, community support building, leisure skill building, time management, pre-vocational skill building and health education (e.g., nutrition, hygiene, medications, personal wellness, etc.) may be a part of the treatment services. • Family interventions relate to the youth's treatment plan and includes skill building regarding mental health and substance use disorder symptom management including de-escalation techniques, behavioral management techniques, coping skills, assisting the youth with social and life skills development, child development, medication compliance and relapse prevention. <ul style="list-style-type: none"> • Consultation and/or referral for general medical, psychiatric, psychological, vocational, educational services and psychotherapeutic needs. • Provider coordinates with other treating professionals for discharge referrals. • Discharge planning starts at initiation of service and is included in the treatment plan and all treatment plan reviews. • Crisis/safety plan is completed for each youth and family. • During the time the professional resource family is supporting the youth, there is regular contact with the family to prepare for the youth's return and his/her ongoing needs as part of the family.
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Service Frequency	Frequency of service is individualized and based on criteria at initiation of services. Treatment continues as long as the youth is making progress on treatment goals.
Length of Stay	Up to 3 months
Staffing	<p>Staffing Requirements:</p> <ul style="list-style-type: none"> • All staff must demonstrate skill and competency in the treatment of clients with mental health and substance use disorders prior to the delivery of services. • All staff must pass background checks with child abuse, sex offender, adult abuse, motor vehicle registers. <p>Staff must include:</p> <ul style="list-style-type: none"> • Licensed mental health professional (Psychiatrist; Licensed Clinical Psychologist) • PRFC supervisor (fully licensed clinician: LMHP, psychologist, RN with a master's degree in psychiatric nursing, counseling or mental health related field, psychiatrist) • Licensed clinician for family therapy • PRFC specialist (minimum BS/BA in behavioral health field; MS/MA in Behavioral health field preferred) • Professional resource family (surrogate family) • Respite professional resource family • Consultants may be utilized as needed
Staff to Client Ratio	<p>1 staff or team to 1 youth</p> <p>1 staff or team to 1 family</p>
Hours of Operation	24/7 During day and evening hours, including weekends for youth, surrogate parents and family/parents/caregiver.
Service Desired Outcomes	<ul style="list-style-type: none"> • Youth is stable and can return to home environment with community outpatient supports. • Family, parents or caregiver have new skills and supports. • Treatment plan goals and objectives are substantially met.
Unit and Rate	Per day

[Click to direct to Service Interpretive Guideline]

